

# Proposed 2005-07 Policy Initiative

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|--------------------------------|---|
| <b>Name of Initiative</b>      | Veterans' Access  |
| <b>Sponsor</b>                 | Access Committee  |
| <b>Lead Staff</b>              | Craig McLaughlin  |
| <b>Other Committees</b>        |   |
| <b>Summary</b>                 | Develop policy initiatives to help improve veterans' access to and utilization of appropriate health care, including mental health care, in or near their own communities. Secondly, examine whether there might be ways to improve access for current members of the armed services and their families.  |
| <b>SHR Strategic Direction</b> | <input type="checkbox"/> Maintain and improve the public health system<br><input checked="" type="checkbox"/> Ensure fair access to critical health services<br><input checked="" type="checkbox"/> Improve health outcomes and increase value<br><input type="checkbox"/> Explore ways to reduce health disparities<br><input type="checkbox"/> Improve nutrition and increase physical activity<br><input type="checkbox"/> Reduce tobacco use<br><input type="checkbox"/> Safeguard environments that sustain human health   |
| <b>Governor's Initiatives</b>  | <input checked="" type="checkbox"/> Cost Containment<br><input type="checkbox"/> Cover all Kids by 2010<br><input type="checkbox"/> Healthiest State in the Nation  |
| <b>Possible Partners</b>       | Washington State Department of Veterans Affairs<br>Department of Social and Health Services   |
| <b>Criteria</b>                | <input checked="" type="checkbox"/> Does the issue involve multiple agencies?<br><input checked="" type="checkbox"/> Can a measurable difference be made?<br><input type="checkbox"/> Prevalence, Severity and availability of interventions<br><input type="checkbox"/> Level of public input/demand<br><input checked="" type="checkbox"/> Does it involve the entire state?<br><input checked="" type="checkbox"/> Does the Board have statutory authority?<br><input type="checkbox"/> Do the resources exist to deal with the issue?<br><input checked="" type="checkbox"/> Does the Board have a potentially unique role? |

## **Problem Statement**

Veterans are eligible for care through the Department of Veterans Affairs (VA) medical system. In many respects, the VA is an innovative leader in quality health care, but it is increasingly strapped for resources. In June it announced a \$1 billion shortfall for the current year and projected a \$2.6 billion shortfall for next year (it received an emergency supplemental authorization). Demand for services has been increasing as people return from combat in Iraq and Afghanistan. In particular, there is a high demand for mental health services to treat conditions such as post traumatic stress disorder. Demand will also increase in coming years as Vietnam-era veterans retire. Many of them will lose the coverage they now have through their employers and turn to the VA.

There are some 670,000 veterans in Washington State. Money in the VA system is allocated based on utilization, rather than population, and Washington State has had very low levels of utilization relative to other states. The federal government is discouraging new enrollment, but some states, such as Texas and Florida, have continued to engage in aggressive outreach to eligible veterans—they have higher rates of utilization and higher allocations.

Several communities in Washington have noted a problem with veterans being able to access appropriate health care services without traveling long distances or waiting months for appointments. There are now only five centers serving the state. The Washington State Department of Veterans Affairs (WSDVA) reports significantly long waits for diagnostic and specialty care. It cites a case of a 100 percent disabled veteran waiting 8 months for care. Elective care is typically not available.

WSDVA recommends that the state encourage greater enrollment and utilization of VA services. In the short-term, this strategy would increase access problems in the state, but in the long-term, would lead to more funding for VA centers. There is typically a two year lag between utilization and funding. Additionally, WSDVA would like to see veterans claim VA reimbursement for services, such as long-term care, that may be covered by other insurance and entitlement programs. Since some of these programs are currently paid for through state-funded and/or state-administered programs, more aggressive efforts to identify eligible veterans and to encourage them to take full advantage of their VA benefits might reduce state health care costs.

Some parts of the state have also been developing community-based responses. On the Olympic Peninsula veterans groups, public hospital district representatives, Coast Guard health care providers, and public health officials have met with federal officials and a state delegation lead by the Governor's spouse, Mike Gregoire, to grapple with the worsening health care access problems of the Peninsula's 14,000 veterans. Use of telemedicine technology, VA providers stationed in rural areas, and reforms in the TRICARE health insurance program have been proposed as next steps in improving access to health care for veterans.

WSDVA also observes access problems associated with families of active duty personnel. Active duty personnel and their family members, as well as people under 65 who have retired from military service, are eligible for care under TRICARE. A person serving in the National Guard who is called for active duty may lose coverage through his or her employer, making the family dependent on TRICARE. If that person has a child with a chronic medical condition who needs to see a specialist, the family may discover

that there is no TRICARE specialist who treats the child's disease within a reasonable distance of the family's home.

## **Potential Strategies**

In cooperation with WSDVA, convene an interagency workgroup on veterans' health to:

1. Develop a statewide strategy for conducting outreach to veterans and encouraging enrollment in the VA health program and appropriate utilization of VA services.
2. Develop a statewide strategy for ensuring that veterans receiving services provided by or paid for by the state take full advantage of their VA eligibility.
3. Identify successful community-based strategies for improving veterans' access to health care, disseminate best practices, and developing materials for community forums on veterans' health similar to the Food Fitness and Our Kids forums on children's nutrition and physical activity.

## **Criteria**

### **Does the issue involve multiple agencies?**

Yes—WSDVA, DSHS.

### **Can a measurable difference be made?**

Benefits would not be immediately visible, but some measurable goals could be set—for example, increasing utilization from 12 percent to 15 percent by a date certain. Board's role would be to help develop a strategy and recommend policy, not to implement an outreach program.

### **Prevalence, severity and availability of interventions**

Not applicable—general access issue, not disease or condition specific.

### **Level of public input/demand**

Uncertain.

### **Does it involve the entire state?**

Yes.

### **Does the Board have statutory authority?**

Board has authority to "explore ways to improve the health status of the citizenry." Board has a history of working on broad set of access issues under this authority.

### **Do the resources exist to deal with the issue?**

Possibly. State may be willing to commit some resources if there is evidence that this effort could pass on more costs to the federal government. WSDVA is clearly willing to commit resources, although it is a relatively small agency. Veterans groups may be willing to participate.

### **Does the Board have a potentially unique role?**

Yes. One of the most successful roles for the Board is that of convener. Board will be able to position this as a public health/equity/access to care issue, not just a cost-containment issue or a military issue.